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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Confirmation No. 7412

Shirou MAEDA et al.

Attorney Docket No. 2005 0752A

Serial No. 10/539,234

Group Art Unit 1616

Filed July 15, 2005

Examiner Nathan W. Schlientz

NOVEL 2,4-DIAMINO-1,3,5-TRIAZINE

Mail Stop AMENDMENT

DERIVATIVE

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED TO CHARGE ANY DEFICIENCY IN THE FEES FOR THIS PAPER TO DEPOSIT ACCOUNT NO. 23-0975

Sir:

Attached hereto is a check in the amount of \$220.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Independent \$220.00

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Shirou MAEDA et al.

11/05/2008 GFREY1

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Rv

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Registration No. 33,367

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[Check No. 88774

2005 0752A



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Confirmation No. 7412

Shirou MAEDA et al.

Attorney Docket No. 2005_0752A

Serial No. 10/539,234

Group Art Unit 1616

Filed July 15, 2005

Examiner Nathan W. Schlientz

NOVEL 2,4-DIAMINO-1,3,5-TRIAZINE

Mail Stop: AMENDMENT

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ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

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ACCOUNT NO. 23-0975

LARGE ENTITY

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

SMALL ENTITY

Indep. Claims exceeding 3 (not already paid for): 1 x		(\$110 = \$)	or	(\$220 = \$220)
Total Additional Fee =		<u>\$</u>	or	<u>\$220.00</u>
0	Small entity status of this application has been previously asserted.			
0	Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which [] is enclosed or			

[X] A check in the amount of \$220.00 is enclosed.

has been previously submitted.

Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

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